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CONFIRMATION NO. 9851

SERIAL NUMBER 10/718,451	FILING OR 371(c) DATE 11/19/2003 RULE	CLASS 351	GROUP ART UNIT 2873	ATTORNEY DOCKET NO.
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/428,211 11/20/2002 *BT*

** FOREIGN APPLICATIONS *****

BT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/08/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	CA	3	20	4
Verified and Acknowledged	<i>Brandi Thomas BT</i> Examiner's Signature Initials				

ADDRESS

Lai, Ming
 P.O. Box 90509
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TITLE

Method and apparatus for obtaining patient-verified prescription of high order aberrations

FILING FEE RECEIVED 428	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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